

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/031091** FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------------|------------------------|------------|------------------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | 1 | | | | | |
| 6 | | 1 | | | | |
| 7 | | 1 | | | | |
| 8 | | 1 | | | | |
| 9 | 1 | | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
| 12 | 1 | | | | | |
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| TOTAL IND. | 3 | | | | | |
| TOTAL DEP. | 9 | ↓ | ↓ | ↓ | ↓ | ↓ |
| TOTAL CLAIMS | 12 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE